

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Wayne"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Nastri"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Executive Officer"/>					
Complete Address:						
Street1:	<input type="text" value="21865 Copley Drive"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Diamond Bar"/>	State:	<input type="text" value="CA: California"/>			
Zip / Postal Code:	<input type="text" value="91765-4178"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="909-396-2100"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="wnastri@aqmd.gov"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Sujata"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Jain"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Chief Financial Officer"/>					
Complete Address:						
Street1:	<input type="text" value="21865 Copley Drive"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Diamond Bar"/>	State:	<input type="text" value="CA: California"/>			
Zip / Postal Code:	<input type="text" value="91765-4178"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="909-396-2804"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="sjain@aqmd.gov"/>					

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Karen"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Sandoval"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Financial Analyst"/>					
Complete Address:						
Street1:	<input type="text" value="21865 Copley Drive"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Diamond Bar"/>	State:	<input type="text" value="CA: California"/>			
Zip / Postal Code:	<input type="text" value="91765-4178"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="909-396-3108"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="ksandoval@aqmd.gov"/>					

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Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

Complete Address:

Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: **Fax Number:**
E-mail Address: